

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02741

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 10/15/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 10/15/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Beth Co.
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 2909 Ritchie Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

William A. Agee

3. (b) Social Security Number

216-10-5136

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 5, 1885

8. AGE: Years 62 Months 9 Days 25 If less than one day
 hrs. min.

9. Birthplace Virginia
 (Town, county, and state)

10. Usual occupation Steel Worker

11. Industry or business

12. Name William W. Agee13. Birthplace Virginia14. Maiden name Callie Ingram15. Birthplace Virginia16. Informant Deceased

Address

17. Burial Date thereof April 2, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Oaklawn Parkwood

Location Bethesda, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Maryland

19. March 31 19 48
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 48 at 6:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
October 15 19 47 to March 30 19 48
 and that I last saw him alive on March 30 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 9 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

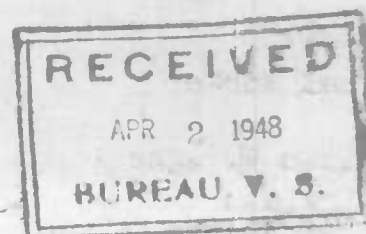
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Beech M. D. XXXX

Address State Sanatorium, Md. Date signed 3/31/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02742

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Dickerson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Della

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Dickerson-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Della

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MARY LILIAN AMBUSH

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>C</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>John P. Ambush</u>		
7. Birth date of deceased (mo., day, yr.) <u>August 9, 1894</u>		
6. (c) If alive, give age <u>54</u> years		
8. AGE: Years <u>53</u>	Months <u>7</u>	Days <u>4</u>
If less than one day hrs. min.		

9. Birthplace Frederick County Maryland
 (Town, county, and state)
At Home

10. Usual occupation

11. Industry or business

12. Name Henry T. Onley

13. Birthplace Frederick County Maryland

14. Maiden name Mary Fisher

15. Birthplace Frederick County Maryland

16. Informant John P. Ambush
 Address R. F. D. #1, Dickerson, Md.

17. Burial Della A. M. E. Cemetery
 (Burial, cremation, or removal, which?) Date thereof 3/17/48
 (month) (day) (year)
 Cemetery or crematory Dickerson, Maryland R.F.D.#1
 Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland
 Address

19. 15 March 1948
 (Date rec'd by registrar) Elizabeth G. Hoch
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1948, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him live on March 13 1948
Coronary occlusion

Immediate cause of death

DURATION

1 hr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frederick
 Address Frederick Date signed 3/15/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02743

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick or town limits, write RURAL and give nearest town)How long in above place of death? one day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? one day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickThurmont, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Herbert P. Angell

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced widower6. (b) Name of husband or wife deceased7. Birth date of deceased (mo., day, yr.) Aug 31 - 18838. AGE: Years 65 Months 6 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Detour, Frederick Co. Md.
(Town, county, and state)10. Usual occupation farmer

11. Industry or business _____

12. Name Oliver Angell13. Birthplace Detour, Md.14. Maiden name Lucinda - unknown15. Birthplace Maryland16. Informant Mrs. Wilbur FairAddress Laneytown, Md.17. Burial Date thereof Mar. 24, 1948
(Burial, cremation, or removal, when) (month) (day) (year)Cemetery or crematory Apple's ChurchLocation Thurmont, Md.18. Funeral director M. J. Creager & SonAddress Thurmont, Md.19. 23 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22, 1948 1948 at 4/30A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him alive on March 22, 1948 19____Immediate cause of death arterio-scleroticheart disease and myocardialinsufficiency

DURATION

6 mons.

Due to _____

Due to _____

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE A. A. Pearce, M.D.

M. D. or other _____

Address _____ Date signed _____

MARGIN RESERVED FOR BINDING

I

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02744

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Weeks

Hospital, institution, or street address where death occurred:
252 Carroll Parkway

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town New Midway
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

CELIA GRIM BAKER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

8. (b) Name of husband or wife William Baker

7. Birth date of deceased (mo., day, yr.) August 24, 1866 6. (c) If alive, give age _____ years

8. AGE: Years 81 Months 6 Days 19 It less than one day _____ hrs. _____ min.

9. Birthplace Pennsylvania
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Joseph Grim

13. Birthplace Pennsylvania

14. Maiden name Amanda Laughman

15. Birthplace Pennsylvania

16. Informant Mrs. Harvey R. Cramer

Address 252 Carroll Parkway, Frederick, Md.

17. Burial Date thereof 3/5/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Hope Cemetery

Location Woodsboro, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 4 March 1948 Elizabeth S. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd, 1948, at 9:15A M

21. I CERTIFY that death occurred on the date above stated; that it attended deceased from 4 days 25 to March 3 1948
and that I last saw him alive on Feb 7 1948

Immediate cause of death Coronary Thrombosis DURATION Sudden

Due to Chronic Dysrhythmia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE [Signature] M. D. _____

Address Frederick, Maryland Date signed 3-3-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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RECEIVED

MAR 5 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02745

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 days
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Brownsville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 301 East Potomac
 (If rural, give LOCATION)
 2.(a) If veteran, name war ✓

3. (a) FULL NAME

Minnie M. Barker

3. (b) Social Security Number

✓

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife John H. Barker
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 8 - 1870
 8. AGE: Years 77 Months 11 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace West Virginia
 (Town, county, and state)
 10. Usual occupation _____
 11. Industry or business _____
 FATHER 12. Name John R. Feltus
 13. Birthplace West Virginia
 MOTHER 14. Maiden name Unknown
 15. Birthplace Unknown

16. Informant Mrs Ada M. Keck
 Address Brownsville Md
 17. Burial Date thereof April 3 1948
 (Burial, cremation, or removal of body) (month) (day) (year)
 Cemetery or crematory Green Hill
 Location Mountainsburg West Virginia
 18. Funeral director C. H. Feltus & Son
 Address Brownsville Md.
 19. 31-March 1948 Elizabeth G. Hach
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 31 1948, at 4:40 P.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 28 1948 to Mar 31 1948
 and that I last saw him alive on Mar 31 1948
 Immediate cause of death Pulmonary edema
myocardial decompensation
 Due to Cerebral Arteriosclerosis
 Due to Arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)
 Major findings of operations _____
 Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE O. J. Price M. D. or other
J. H. Feltus M.D. signed 3/31/48
 Address _____

RECEIVED

APR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Middletown - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Jefferson(If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

MARY BERTHA BELL

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

William D. Bell

6. (c) If alive, give age

7. Birth date of deceased (mo., day, yr.)

October 22, 1868

8. AGE:

Years

Months

Days

If less than one day

7955

hrs.

min.

9. Birthplace

Woodsboro-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

FATHER

12. Name

George W. Taylor

13. Birthplace

Reading, Pennsylvania

MOTHER

14. Maiden name

Annie M. Roberts

15. Birthplace

Frederick County Maryland

16. Informant

Charles W. Bell

Address

Middletown, Md. - Rural

17. Burial

(Burial, cremation, or removal. When?)

Date thereof

3/30/48

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Jefferson, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date

29 March 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27 1948 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on March 27 1948

Immediate cause of death

Broncho pneumonia

DURATION

Due to

Fracture of hip2 wks.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 3.13.48Where did injury occur? Middletown, Frederick, Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) homeMeans of injury Fall Injured at work? no

DR. R. W. BAER

PHYSICIAN MEDICAL EXAMINER

23. SIGNATURE P. W. Baer M. D. or otherAddress Frederick, Md Date signed 3.27.48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the event age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02747

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 2/26/48
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 2/26/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1705 Olive St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

William Bentz

3. (b) Social Security Number

216-12-8674

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of ~~xxxx~~ wife Fannie Bentz
 6. (c) If alive, give age 41 years
 7. Birth date of deceased (mo., day, yr.) September 10, 1899
 8. AGE: Years 48 Months 6 Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Baltimore, Maryland
 (Town, county, and state)
 10. Usual occupation Stevadore
 11. Industry or business _____
 FATHER
 12. Name William Henry Bentz
 13. Birthplace Frederick, Maryland
 MOTHER
 14. Maiden name Jennie Smith
 15. Birthplace Baltimore, Maryland
 16. Informant Deceased

Address _____
 17. Burial Date thereof 3/18-48-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Holy Cross
 Location Anne Arundel Co, Md
 18. Funeral director M. L. Creager & Son + A. H. E. Evans
 Address Thurmont, Maryland
 19. March 16 48
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 48 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 26 48 to March 15 48
 and that I last saw him alive on March 15 48

Immediate cause of death Pulmonary Tuberculosis
 DURATION 6 Mos.

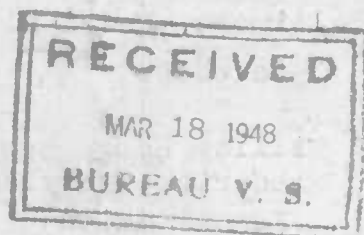
Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____
 Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Green M. D. xxx
 Address State Sanatorium, Md. Date signed 3/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02748

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

300 Block Chapel Alley

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 722 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (a) FULL NAME

WILLIAM CLARK BOONE

3. (b) Social Security Number

214-10-5452

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Nellie E. Harris6. (c) If alive, give age 45 years

7. Birth date of

deceased (mo., day, yr.)

September 6, 1893

8. AGE:

Years

Months

Days

If less than one day

54519

hrs.

min.

9. Birthplace

Unionville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Hanson Boone

13. Birthplace

Frederick County Maryland

MOTHER

14. Maiden name

Sarah Ann Walker

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Nellie Boone

Address

722 N. Market St., Frederick, Md.

17. Burial

Date thereof

3/27/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Hope Cemetery

Location

Woodsboro, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

Mar. 25, 1948

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 25th 1948 at 2:20P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him in DEAD March 25th 1948

Immediate cause of death

Coronary Occlusion

DURATION

Immediate

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. W. B. Bann Deputy Medical Examiner

M. D. or other

Address Frederick, Maryland Date signed 3-25-48

RECEIVED

MAR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02749

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 hour
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Pleasantville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.F.D. #1, Harpers Ferry, W. Va.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None ✓

3. (a) FULL NAME
Mary Jane Bowers

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife None
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 31, 1948
 8. AGE: Years 0 Months 0 Days 0 If less than one day 4 hrs. 15 min.

9. Birthplace Pleasantville, Washington Co., Md.
 (Town, county, and state)
 10. Usual occupation None
 11. Industry or business None

FATHER 12. Name Marvin Taylor Bowers
 13. Birthplace Falling Waters, West Va.
 MOTHER 14. Maiden name Bessie Catherine Kenney
 15. Birthplace Harpers Ferry, West Virginia

16. Informant Marvin T. Bowers
 Address R.F.D. #1, Harpers Ferry, W. Va.
 17. Burial Burial Date thereof April 1, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Harmony Cemetery
 Location Falling Waters, Berkeley Co., W. Va.

18. Funeral director Melvin T. Strider
 Address Charles Town, West Va.

19. 1-April 1948 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1948 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-31-48 to 3-31-48 and that I last saw him CR 3-31-48

Immediate cause of death Pneumonia DURATION 4 hrs.

Due to _____
 Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE U.P. Smith M. D. or other _____
 Address Brownsville, Md Date signed 4-1-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1948

BUREAU V. S.

Delivery was made at
Pleasantville. Md.

Dr. C. E. Pruitt
Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02750

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural, Line Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 year 1 month
Hospital, institution, or street address where death occurred:
Frederick Route #2How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Rural, Line Hill
(If outside city or town limits, write RURAL and give nearest town)Street No. Frederick Route #2
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

George Edward Bowles

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white single6.(b) Name of husband or wife —8.(c) If alive, give age — years7. Birth date of deceased (mo., day, yr.) Dec. 25 18808. AGE: Years 67 Months 2 Days 23 If less than one day
.....hrs.min.9. Birthplace Frederick, Frederick Md
(Town, county, and state)10. Usual occupation Salesman11. Industry or business Real Estate12. Name Dr. Edw. Bowles13. Birthplace Middletown, Md14. Maiden name Mary Cloggett15. Birthplace Frederick Co16. Informant Mrs. Eugene ThorneAddress Frederick Route #217. Burial Date thereof 3/20/48
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md18. Funeral director Harry E. Carty CoAddress Frederick, Md.19. 18 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 1948 at 8 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan 1 1948 to March 18 1948
and that I last saw him alive on March 18 1948Immediate cause of death Arteriosclerotic Heart Disease

DURATION

3 moDue to Hypertension and InsufficiencyDue to Chronic BronchitisOther conditions —

(Include pregnancy within 8 months of death)

Major findings of operations NoneDate of op. —Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. O'Quinn M.D.

M. D. or other

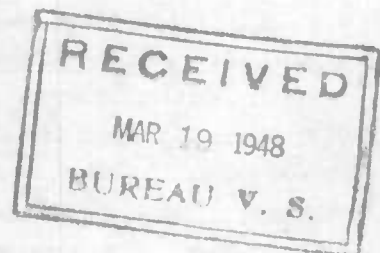
Address Frederick, Md Date signed 3/18/48

MARGIN RESERVED FOR BINDING

VS A16

9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

02751

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 46 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward F. Brown

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Emma B. Brown

7. Birth date of

deceased (mo., day, yr.)

May 28, 1871

6. (c) If alive, give age

75 years

8. AGE:

Years

Months

Days

If less than one day

76924

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Carpenter

11. Industry or business

Jacob Brown

12. Name

Md.

13. Birthplace

Stephen Knipple

14. Maiden name

Md.

15. Birthplace

Hospital RecordsFrederick, Md.

16. Informant

Burial

(Burial, cremation, or other, which)

Date thereof March 23, 1948
(month) (day) (year)

17. Cemetery or crematory

Reformed CemeteryTaneytown, Md.

18. Location

C. O. Foss & Son

19. Funeral director

Taneytown, Md.

20. Address

23 March 1948

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1948 at 1:00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 7, 1948 to March 23, 1948and that I last saw him alive on March 23, 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 mo

Due to

Due to

Other conditions

Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. A. Foss M.D.

M. D. or other

Address Frederick, Md.Date signed 3/23/48

RECEIVED

MAR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

02752

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 100 East St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

JAMES WILLIAM Brown

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

D

6. (b) Name of husband or wife

Ella Smith

7. Birth date of deceased (mo., day, yr.)

(Unknown) 19676. (c) If alive, give age ? years

8. AGE:

Years

Months

Days

If less than one day

81 1/2

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Emergency Hospital Records

Address

Frederick, Maryland - Rural

17.

Burial

(Burial, cremation, or removal, which?)

Date thereof

3/17/48

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

15-March, 1948

(Date rec'd by registrar)

Elizabeth G. Hack

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 19 48 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

dead 19 48 to 19
and that I last saw him live on March 13 19 48

Immediate cause of death

Cerebral hemorrhage

DURATION

2 1/2 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address

Date signed 3-15-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

CERTIFICATE OF DEATH

02753

Reg. Dist. No. 81

1. PLACE OF DEATH

County Frederick CoCity or town Near Johnsville, Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Near Johnsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ira Clinton Buffington

3. (b) Social Security Number

4. Sex

M.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Mary E Buffington

7. Birth date of deceased (mo., day, yr.)

10-26-1871

8. (c) If alive, give age _____ years

46

8. AGE:

Years

Months

Days

If less than one day

76418

hrs.

min.

9. Birthplace

Frederick Co, Maryland Md
(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

FATHER

12. Name

Clara M. Buffington

13. Birthplace

Frederick Co

MOTHER

14. Maiden name

Caroline Sawyer

15. Birthplace

Unknown

16. Informant

Mary E Buffington

Address

Union Bridge Md

17.

Mt View
(Burial, cremation, or removal, which?)

Date thereof

3-17-48
(month) (day) (year)

Cemetery or crematory

Mt View

Location

Union Bridge Md

18. Funeral director

Raymond K Wright

Address

March 15 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 14 1948 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 13 1948 to March 14 1948
and that I last saw him alive on March 13 1948

Immediate cause of death

Coronary occlusion

DURATION

Due to

Endocarditis

Due to

Inflammatory Rheumatism 1940

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work? _____

23. SIGNATURE

J. H. Legg

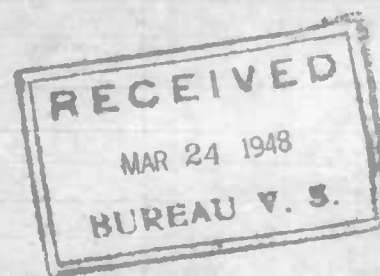
M. D. or other

Address

Union Bridge

Date signed

3/15/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02754

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since January 24, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Adamstown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

FRANK EARL BURNS

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

8. (b) Name of husband or wife

Madora I. Stockman

7. Birth date of deceased (mo., day, yr.)

October 25, 18886. (c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

59717

hrs.

min.

9. Birthplace

Pondsville, Maryland

(Town, county, and state)

10. Usual occupation

Mechanic

11. Industry or business

FATHER
MOTHER

12. Name

George Burns

13. Birthplace

Washington County Maryland

14. Maiden name

Alice Reynolds

15. Birthplace

Washington County Maryland

16. Informant

Mrs. Madora Burns

Address

Adamstown, Maryland

17.

Burial

Date thereof

3/15/48

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

15 March1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12th 19 48, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48 to March 12 19 48
and that I last saw him alive on March 12 19 48

Immediate cause of death

Chronic Myocarditis
Crowning Atherosclerosis

DURATION

4 1/2 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

Howard W. Ash

M. D. or other

Address Frederick, Maryland Date signed 3-13-48

RECEIVED

MAR 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

02755

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 42 years

Hospital, institution, or street address where death occurred:

20 H StHow long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 20 H St

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME

Emma Lee Campbell

3. (b) Social Security Number

—

4. Sex

Female

5. Color or race

Col.

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Robert L. Campbell6. (c) If alive, give age — years

7. Birth date of

deceased (mo., day, yr.)

Feb. 26 1906

8. AGE:

Years 43 Months 0 Days 14 If less than one day

9. Birthplace

Maryland
(Town, county, and state)10. Usual occupation School teacher

11. Industry or business

education

FATHER

12. Name Henry B. Beard13. Birthplace Virginia14. Maiden name Emma Amelia Barksdale15. Birthplace Virginia16. Informant Robert L. CampbellAddress Brunswick Md17. Burial Date thereof Mar. 14 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Petersburg MarylandLocation C. H. Feste & Bros18. Funeral director Brunswick, MarylandAddress Mar 13 4819. Mar 13 48 (Date rec'd by registrar)20. Mar 13 48 (Date rec'd by registrar)21. Mar 13 48 (Date rec'd by registrar)22. Mar 13 48 (Date rec'd by registrar)23. Mar 13 48 (Date rec'd by registrar)24. Mar 13 48 (Date rec'd by registrar)25. Mar 13 48 (Date rec'd by registrar)26. Mar 13 48 (Date rec'd by registrar)27. Mar 13 48 (Date rec'd by registrar)28. Mar 13 48 (Date rec'd by registrar)29. Mar 13 48 (Date rec'd by registrar)30. Mar 13 48 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 11 1948 at 5:53 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 15 1948 to Feb 11 1948and that I last saw him alive on Feb 19 1948Immediate cause of death Myocardial InfarctionDURATION 2Due to Myocardial InfarctionDue to Myocardial InfarctionOther conditions Myocardial Infarction

(Include pregnancy within 3 months of death)

Major findings of operations Myocardial InfarctionAutopsy results Myocardial Infarction

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Myocardial Infarction Date of Feb 11 1948

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Myocardial InfarctionM. D. or other Myocardial InfarctionAddress Myocardial InfarctionDate signed 3/12/48

RECEIVED

MAR 17 1948

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02756

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
City or town Emmitsburg, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: St. Joseph's Central House
Stay in hospital or inst. (yrs., or mos., or days) 8 years
Stay in this community (yrs., or mos., or days) _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Emmitsburg Ward No. _____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. St. Joseph's Central House
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

Carlin, Sister Philomena (Rosalia Clara Carlin)

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Religious

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 1, 1860

8. AGE: Years 88 Months 2 Days 27 It less than one day _____ hrs. _____ min.

9. Birthplace Phila., Penna.
(Town, county, and state)

10. Usual occupation Teaching

11. Industry or business _____

12. Name William John Carlin

13. Birthplace New Jersey

14. Maiden name Anna M. Delore

15. Birthplace Ireland

16. Informant Sister Assistant
Address St. Joseph's Central House
Emmitsburg

17. Burial Date thereof Mar 30 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Joseph's Private Cemetery

Location Emmitsburg, Maryland

18. Funeral director S. L. Callison

Address Emmitsburg, Md.

Mar 29 1948 M. R. Shuff
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1948 at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to March 28 1948 and that I last saw him alive on March 26 1948

Immediate cause of death Carcinoma colon DURATION 6 mo

Due to _____

Due to _____

Other conditions Myocardial degeneration several years
(Include pregnancy within 8 months of death)

Major findings: _____

DI operations _____

DI autopsy _____

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

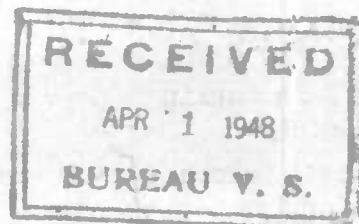
23. SIGNATURE W. R. Callison

Address Emmitsburg, Md. Date signed 3-29-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

02757

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 300 Middle Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

MARY JANE CARTER

3. (b) Social Security Number

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Amos M. Carter

7. Birth date of deceased (mo., day, yr.)

May 25, 1892

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

55921

hrs.

min.

9. Birthplace

Knoxville-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Waitress

11. Industry or business

FATHER

12. Name

James H. Brooks

13. Birthplace

Pittsburgh, Pennsylvania

MOTHER

14. Maiden name

Gertrude Hawkins

15. Birthplace

Pittsburgh, Pennsylvania

16. Informant

Russell Jackson

Address

Harrisburg, Pennsylvania

17. Burial

Date thereof 3/19/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Fairview Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland19. 18 March 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 1948 at 10:55 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 12 1948 to March 16 1948and that I last saw him alive on March 16 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

4 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE Bernard Thomas Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 3-18-48

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02758

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

120 East Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 120 East Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

JOHN HENRY CLARK

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Stannie Dixon Clark6. (c) If alive, give age 62 years

7. Birth date of

deceased (mo., day, yr.)

January 26, 1866

8. AGE:

Years

Months

Days

If less than one day

82116

.....hrs.

.....min.

9. Birthplace

Frederick County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

FATHER

12. Name

John Clark

13. Birthplace

Ireland

MOTHER

14. Maiden name

Anna Catherine Dennis

15. Birthplace

England

16. Informant

Mrs. John H. Clark

Address

120 E. Patrick St., Frederick, Md.

17.

Burial

Date thereof

March 16, 1948

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19.

15 March1948

(Date rec'd by registrar)

Elizabeth L. Heath

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 1948, at 9:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1948, to March 13 1948and that I last saw him alive on March 13 1948Immediate cause of death Cerebral Hemorrhage

DURATION

4 1/2 hours

Due to

Due to

Other conditions

Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John M. Smith

M. D. or other

Address

Frederick MdDate signed 3-13-48

RECEIVED

MAR 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mos.

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 28 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick #1
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Mr. Edward William Clift

3. (b) Social Security Number

223-14-9954

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Cecilia Judd Clift

7. Birth date of deceased (mo., day, yr.)

May 28, 1884?

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

63919

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Day laborer

11. Industry or business

FATHER

12. Name

Wellington Beadshaw Clift

13. Birthplace

Page County, Va.

MOTHER

14. Maiden name

Jemima Beadshaw

15. Birthplace

Page County, Va.

16. Informant

Joe Monroe Clift

Address

Charlottesville, Va.

17. Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

Mar 21, 1948

Cemetery or crematory

Judd Burial Lot

Location

Kindell, Va.

18. Funeral director

C. P. Chiles & Son

Address

Frederick, Maryland19. 18 March19 48Elizabeth G. Hark

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18 19 48 at 1:05 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 16 19 48 to Mar 18 19 48

and that I last saw him alive on _____ 19 _____

Immediate cause of death

Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

GP Thomas

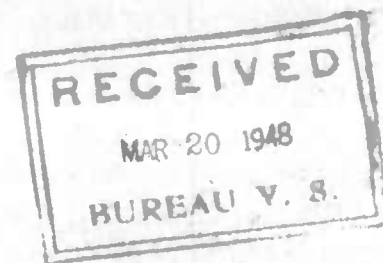
M. D. or other

Address

Frederick, Md

Date signed

Mar 18



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87d

02760

CERTIFICATE OF DEATH

Reg. Diat. No. 172

1. PLACE OF DEATH:

County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 30 E Franklin St.
(If rural, give LOCATION)2.(a) If veteran, name war. ☒

3. (a) FULL NAME

Turner J. Clingan

3. (b) Social Security Number

4. Sex male5. Color or race white6.(a) Single, married, widowed, or divorced widowed6.(b) Name of husband or wife Margaret V. Clingan7. Birth date of deceased (mo., day, yr.) July 9, 1862

6.(c) If alive, give age _____ years

8. AGE: Years 85 Months 6 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace White Post, Virginia
(Town, county, and state)10. Usual occupation Railroad engineer

11. Industry or business

12. Name Unknown

13. Birthplace

14. Maiden name Virginia Board15. Birthplace Virginia16. Informant Mrs. Martin CalhounAddress Middletown, Md.17. Burial Date thereof Nov. 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown Md.18. Funeral director Shadhill Co.Address Middletown, Md.19. Nov. 16 19 48 Martin Shadhill
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 14 19 48 at 6:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 2 19 48 to Mar. 14 19 48and that I last saw him alive on Mar. 13 19 48

Immediate cause of death _____ DURATION _____

Cerebral Sclerosis 6 mo

Due to _____

Due to _____

Other conditions Generalized Arterio Sclerosis

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp MD M. D. or otherAddress Middletown Date signed 3-15-48

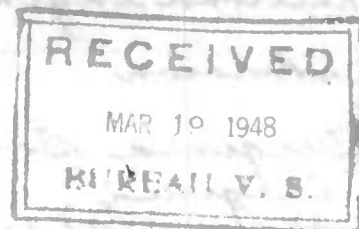
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I

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02761

Reg. Dist. No. 137

1. PLACE OF DEATH:

County FrederickCity or town Johnsville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Johnsville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Blanche Keller Cramer

3. (b) Social Security Number

4. Sex

F.

5. Color or race

W.

6.(a) Single, married, widowed, or divorced

Widow

6.(b) Name of husband or wife

Harvey P. Cramer

7. Birth date of

deceased (mo., day, yr.) Oct. 24, 1888

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

5953

hrs.

min.

8. Birthplace

Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

FATHER

12. Name

Charles Green

13. Birthplace

Md.

MOTHER

14. Maiden name

Laura Zimmerman

15. Birthplace

Md.

16. Informant

Mrs. Helen Wolfe

Address

Johnsville Md.

17.

Burial
(Burial, cremation, or removal, Which?)

Date thereof

Mar. 30, 1948
(month) (day) (year)

Cemetery or crematory

Fairmount

Location

Liberty town Md.

18. Funeral director

Roller Hartzler

Address

2 Woodboro Md.

19.

Mar 24 48
(Date rec'd by registrar)Charles Green
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 27, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1937 to Mar. 27, 1948and that I last saw him alive on Mar. 26, 1948Immediate cause of death Myocarditis

DURATION

Due to

Pneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

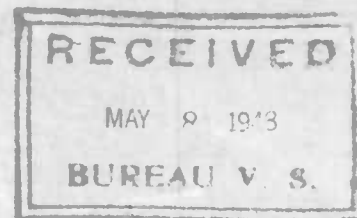
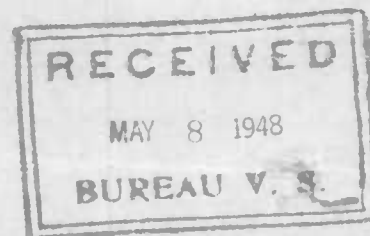
Injured at work?

23. SIGNATURE

Otis B. Stone

M. D. or other

Address Liberty town Date signed Mar 29 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02762

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Frederick-Rural R. F. D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Rocky Spring

(If rural, give LOCATION)

None

2.(d) If veteran, name war

3. (a) FULL NAME

MINNIE IDELLA CREBBS

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

David V. Crebbs

7. Birth date of

deceased (mo., day, yr.)

January 1, 18806. (c) If alive, give age 74 years

8. AGE:

Years

Months

Days

If less than one day

6826

hrs.

min.

9. Birthplace

Highland-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

at Home

11. Industry or business

FATHER
MOTHER

12. Name

Samuel Early

13. Birthplace

Pennsylvania

14. Maiden name

Evelyn Murphy

15. Birthplace

Pennsylvania

16. Informant

David V. Crebbs

Address

R. F. D. #3, Frederick, Md.

17.

Burial

Date thereof

3/10/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or place of burial

Pleasant Hill Cemetery

Location

Near Yellow Springs, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19.

9 March 1948

(Date rec'd by registrar)

Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th 19 48 at 8:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 February 19 48 to 8 March 19 48and that I last saw her alive on 7 March 19 48Immediate cause of death Pericarditis
with effusion

DURATION

1 wk.

Due to

Aggranulocytosis2 months

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. B. Thomas

M. D.

M. D. or other

Address

Frederick, Maryland

Date signed

3-9-48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

St. James' Church.

RECEIVED
MAR 10 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1642

CERTIFICATE OF DEATH

02763

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? March 6, - March 20, 1948
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5 East E Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war WWII

3. (a) FULL NAME

Charles H. Darr

3. (b) Social Security Number

4. Sex
male5. Color or race
white6. (a) Single, married, widowed, or divorced
widower6. (b) Name of husband or wife deceased Eliza Jane Holmes7. Birth date of deceased (mo., day, yr.) Oct. 6 1866

6. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
81 5 14hrs.min.9. Birthplace Maryland
(Town, county, and state)10. Usual occupation retired RR Bookman11. Industry or business Transportation12. Name Normal Darr13. Birthplace Virginia14. Maiden name Unknown15. Birthplace Unknown18. Informant A. L. DarrAddress Brunswick Md.17. Burial Date thereof Mar. 23 1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory ReformLocation Brunswick Md.18. Funeral director C. A. Firth & SonAddress Brunswick Md.19. 21 March 1948 Elizabeth G. Heck-
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1948 19..... at 10/03P M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
NEVER 19..... to 19.....
and that I last saw him DEPT 20 MARCH 1948Immediate cause of death SHOCK + CONCUSSION DURATION 15 MINDue to BILATERAL FRACTURES, ANKLES + CALCANEUS 15 MIN

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

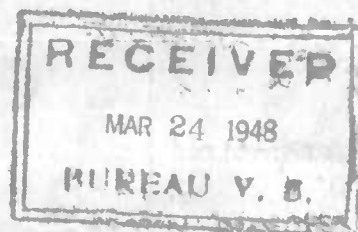
Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide SUICIDE Date of 20 MARCH 1948Where did injury occur? FREDERICK, FRED M.D.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) FRED MEM. HOSP.Means of injury JUMPED FROM WINDOW Injured at work? No23. SIGNATURE Charles H. Conley M.D.
Asst. Dir. Md. Dep. R.D. or otherAddress Frederick Md. Date signed 21 Mar. 48

Aug 1942
276



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02764

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 week
 Hospital, institution, or street address where death occurred:
 Frederick Memorial Hospital
 How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Wash.
 City or town... Sharpsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Blanche Churchey Davis

3. (b) Social Security Number

218-24-7683

4. Sex Female 5. Color or race White 6. (a) Single married, widowed, or divorced Married
 6. (b) Name of husband or ~~husband~~ Robert Davis
 7. Birth date of deceased (mo., day, yr.) December 15, 1927
 8. AGE: Years 20 Months 2 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace... Sharpsburg-Wash.-Md.
 (Town, county, and state)

10. Usual occupation... Laborer

11. Industry or business Dress Factory--Hagerstown, Md

12. Name... John Ferguson

13. Birthplace... Mt. Briar-Md

14. Maiden name... Dorothy Churchey

15. Birthplace... Sharpsburg, Md

16. Informant... Mrs. Ernst McCoy

Address... Sharpsburg, Md

17. Burial Date thereof 3 12 1948
 (Burial, cremation or removal, which?) (month) (day) (year)

Cemetery or crematory... Mt. View

Location... Sharpsburg, Md

18. Funeral director... R. I. Earnshaw

Address... Keedysville, Md

19. 9 March 1948 Elizabeth G. Heck.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 9 1948 at 12:45 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1948 to March 9 1948

and that I last saw h.s. alive on March 9 1948

Immediate cause of death... acute disseminated

lupus erythematosus 9 days

Due to... lupus erythematosus

Due to... lupus erythematosus

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op. ...

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide... Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... Date signed... 3.9.48

Address... Date signed...

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

02765

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3/4/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 119 Sixth Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mrs. Ollie M. Dinterman

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife John C. Dinterman

7. Birth date of deceased (mo., day, yr.)

May 25 1993

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

54920

hrs.

min.

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George Price

13. Birthplace

Unknown

MOTHER

14. Maiden name

Unknown

15. Birthplace

II

16. Informant

Le Roy Dinterman

Address

Brunswick Md.

17. Burial

(Burial, cremation, or other)

Date thereof

Mar 23, 1948

Cemetery or crematory

Park Heights

Location

Brunswick Maryland

18. Funeral director

C. H. Tate + Bro.

Address

Brunswick, Maryland

19. Date rec'd by registrar

19 March19 48Elizabeth S. Hech

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1948 at 12 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 4 1948 to March 19 1948and that I last saw him alive on March 19 1948

Immediate cause of death

Coronary thrombosis

DURATION

3 weeks

Due to

Due to

Other conditions

Diabetes mellitus

(Include pregnancy within 3 months of death)

Major findings of operation

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Gurr M.D.

M. D. or other

Address

Frederick, Md.Date signed 3/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02766

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 years
Hospital, institution, or street address where death occurred:
Francis Scott Key Hotel, W. Patrick St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. Francis Scott Key Hotel, W. Patrick St.
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

MRS. THERESA M. EGER

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced
Widowed
6.(b) Name of husband or wife Alexander B. Eger
6.(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 12, 1865
8. AGE: Years Months Days It less than one day
82 10 26 hrs. min.

9. Birthplace New York
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Joshua Schuler
13. Birthplace Germany
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. John R. Holt
Address Frederick, Maryland

17. Burial Date thereof March 11, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Evergreen Cemetery
Location Brooklyn, New York
18. Funeral director C. E. Cline & Son
Address Frederick, Maryland

19. 9 March 19 48 Elizabeth G. Heale
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 19 48 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 19 48 to March 9 19 48
and that I last saw her alive on March 9 19 48

Immediate cause of death Angina Pectoris DURATION 3 days
Due to arteriosclerotic heart Embo
Disease
Due to

Other conditions Pneumonia 2 days
(Include pregnancy within 3 months of death)

Major findings of operations None Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. A. Pearse, M.D. M. D. or other
Address Frederick, Md. Date signed 3/9/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Registrar's age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 10 1948

BUREAU V. S.

Evidence for change of **MARYLAND STATE DEPARTMENT OF HEALTH**
age and birthdate shown on.

2411 N. Charles St., Baltimore

02767

FULL No. G 115 MAY 3 - 1948 **CERTIFICATE OF DEATH**

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Fredrick
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs
Hospital, institution, or street address where death occurred:
9 West Patience St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 9 West Patience St
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Lewis Howard Eberhart

3. (b) Social Security Number

4. Sex Male **5. Color or race** White **6. (a) Single, married, widowed, or divorced** Married
6. (b) Name of husband or wife Bessie M. Harmon
7. Birth date of deceased (mo., day, yr.) May 22 5, 1873
8. AGE: Years 74 Months 73 Days 10 If less than one day 8 hrs. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual occupation Traveling Car agent P.O.P.R.
11. Industry or business Retired
12. Name William Eberhart
13. Birthplace Virginia
14. Maiden name Katherine Davis Lapole
15. Birthplace Maryland

16. Informant Mrs. Bessie M. Eberhart
Address Brownsville Md
17. (Burial, cremation, or removal, Which?) Reformed **Date thereof** Apr. 3, 1948
(month) (day) (year)
Comotory or crematory Brownsville Md
Location B. F. Fitch & Bus
18. Funeral director Brownsville Md
Address

19. April 2 1948 Katherine H. Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March, 30 19 48 at 7:40 P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March, 29 19 48 to March, 30 19 48
and that I last saw him alive on March 30 19 48
Immediate cause of death Acute Congestive Heart Failure
DURATION 5 days
Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W B Carpenter M. D. or other
Lowellville Va Date signed 4/1/48
Address

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of age and birthdate shown on is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1570

02768

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick City
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Carroll
 City or town Urban Bridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ ✓

3. (a) FULL NAME

Steven Murray Eyer

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 25-1948 6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
1 13 hrs. min.

9. Birthplace Frederick, Md.
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Charles M. Eyer

13. Birthplace Maryland

14. Maiden name Bernice Crosswicket

15. Birthplace Maryland

16. Informant Thomas M. Eyer

Address Urban Bridge Rd

17. (Burial, cremation, or removal, Which?) Date thereof March 28-48
 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Frederick, Md.

18. Funeral director W. H. Hartman & Sons

Address Urban Bridge Rd

19. March 27 1948 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1948 at 10 04 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 25-48 to Mar 26-48
 and that I last saw him alive on Mar 25-48 1948

Immediate cause of death

Conjunctive Heart
infection
could not save
conceived from birth

DURATION

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

J. H. Mason M.D.
Urban Bridge Date signed Mar 27

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

RECEIVED
MAR 31
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02769

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Lime Kiln
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

LUTHER EDWARD FEAGA

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Bertie M. Baer
 6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) December 24, 1869

8. AGE: Years 78 Months 3 Days 0 If less than one day _____ hrs. _____ min.

9. Birthplace Peagaville, Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Charles E. Feaga

13. Birthplace Frederick County Maryland

14. Maiden name Martha Nickel

15. Birthplace Frederick County Maryland

16. Informant Mrs. Bertie Feaga

Address Lime Kiln, Maryland

17. Burial Date thereof 3/26/48
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison & Son

Address Frederick, Maryland

19. 21- March 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 24th 19 48 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him in bed March 24th 19 48

Immediate cause of death Coronary Occlusion DURATION Immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE McB Deputy Medical Examiner

M. D. or other _____

Address Frederick, Maryland Date signed 3-24-48

RECEIVED

MAR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02770

Reg. Dist. No. 140

1. PLACE OF DEATH

County Frederick

City or town 2 Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town 2 Woodsboro
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Florence Elsie Gessey

3. (b) Social Security Number

4. Sex F. 5. Color or race W 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Edwin F. Gessey

6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1875

8. AGE: Years 72 Months 6 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name John Luther Smith

13. Birthplace Md.

14. Maiden name Anna D. Ledwidge

15. Birthplace Md.

16. Informant Edwin F. Gessey

Address 2 Woodsboro, Md.

17. Burial Date thereof Mar. 16, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Mt. Hope

Location 2 Woodsboro, Md.

18. Funeral director Burke & Hartzler

Address 2 Woodsboro, Md.

19. March 15 1948 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1948 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 19, 46 1946 to Mar. 14 1948
and that I last saw her alive on Mar. 13 1948

Immediate cause of death

Exhaustion due to arterio-sclerosis

DURATION

10 yrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE James H. Gray

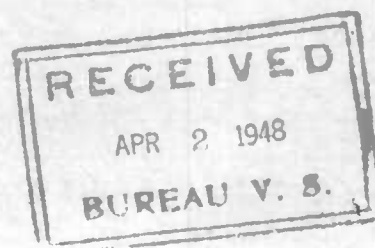
M. D. or other

Address Thermant Md Date signed 3/15/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02771

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Fredrick
 City or town Edgemont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Two months
 Hospital, institution, or street address where death occurred:
Riggs Cottage Sanitarium
 How long in hospital or institution? Two months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Virginia County Fauquier
 City or town Marshall
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Constance Cary Harrison

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) _____
1896

8. AGE: Years 52 Months 11 Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Staton Island New York
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Fairfax Harrison13. Birthplace New York14. Maiden name Hetty Cary15. Birthplace Virginia16. Informant Riggs Cottage SanitariumAddress Edgemont17. Cremation Date thereof Mar. 22 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Calvin Hill CrematoriumLocation Washington, D.C.18. Funeral director Joseph Lawlers Son IncAddress 1756 Verna Ave, N. W.Washington, D.C.19. Mar 22 19 48 Lucian K. Golcove

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 22 19 48 at 4⁰⁰ A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 26 19 47 to Mar 21 19 48
 and that I last saw him alive on Mar 21 19 48

Immediate cause of death _____ DURATION _____

Organic Brain Disease
(Encephalitis Chronic) 7 yrs

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE John F. McAdoo

M. D. or other _____

Address Edgemont, Md. Date signed Mar 22 1948

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct page is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02772

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William A. Hartsock

3. (b) Social Security Number

215-07-9860

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Hazel Swope6. (c) If alive, give age 52 years

7. Birth date of

deceased (mo., day, yr.)

8. AGE:

62 Years7 Months8 Days

If less than one day

hrs. min.

9. Birthplace

Old Town, Allegany Co. Md.
(Town, county, and state)

10. Usual occupation

Miller + Miller Right

11. Industry or business

FATHER

12. Name

MOTHER

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

8 MarchElizabeth H. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 19 48, at 4:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1 August 19 47 to 6 March 19 48and that I last saw him alive on 6 March 19 48

Immediate cause of death

Pulmonary metastatic carcinomaDue to carcinoma of bladder

Due to

Other conditions

Paraplegia due to metastatic carcinoma
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

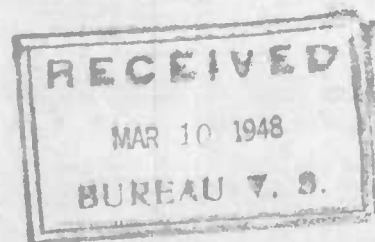
Injured at work?

23. SIGNATURE

James J. Storer M.D.
Address Walkersville, Md. Date signed 8 March 48

DURATION

1 month9 months



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

02773

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since Feb. 16, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. Tower Apartments

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

ROGER FRANKLIN HECK

3. (b) Social Security Number

214-10-5254

4. Sex <u>M</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>S</u>
--------------------	------------------------------	--

6. (b) Name of husband or wife

7. Birth date of decenned (mo., day, yr.)	<u>January 22, 1875</u>
---	-------------------------

8. AGE:	Year	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>18</u>	<u>hrs.</u> <u>min.</u>

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Unual occupation Retired Salesman

11. Industry or business

12. Name Hiram R. Heck13. Birthplace Washington County Maryland14. Maiden name Loretta Hilton15. Birthplace Washington County Maryland16. Informant Charles K. HeckAddress W. Church St., Frederick, Md.17. Cremation Date thereof 3/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Fort Lincoln CrematoryLocation Washington, D. C.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1948 at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 1, 1948 to March 10, 1948and that I last saw him alive on March 10, 1948

Immediate cause of death

Cerebral thrombosis

Due to

Arteriosclerosis

Due to

Myocardial infarctionOther conditions Diabetes

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

When did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE A. A. Pearce M. D.Address Frederick, Maryland Date signed 3-11-48

RECEIVED

MAR 17 1943

BUREAU V. S.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02774

FILM No. G 114 MAR 22 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH;

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Montevue

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

EDWARD HERRING

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Annie Crum

7. Birth date of

deceased (mo., day, yr.)

May 3, 1857

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

90

00

10

10

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

FATHER

12. Name

Daniel R. Herring

MOTHER

13. Birthplace

Frederick County Maryland

14. Maiden name

15. Birthplace

Susan Crum

16. Informant

Address

Frederick County Maryland

17. Burial

Address

Montevue Records

18. Informant

Address

Rural - Frederick, Maryland

19. Burial

Date thereof

3/16/48

(Burial, cremation, or removal, whichever)

Cemetery or crematory

Reformed Cemetery

Location

Jefferson, Maryland

18. Funeral director

Address

M. R. Etchison and Son

19. 16 March

19 48

(Date rec'd by registrar)

Elphinstone G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13th 19 48 at 11 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1 19 48 to March 13 19 48

and that I last saw him alive on March 12 19 48

Immediate cause of death

Cerebral Thrombosis

DURATION

2 days

Due to

Atherosclerosis -

Vascular Disease

(Complete Heart block)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Thomas

M. D.

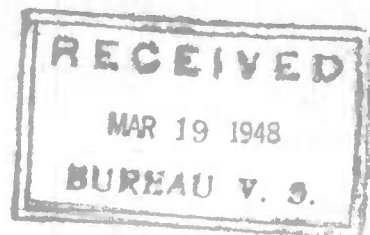
Address Frederick, Maryland Date signed 3-15-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

02775

CERTIFICATE OF DEATH

Reg. Dist. No. 121

1. PLACE OF DEATH:

County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 45 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (a) FULL NAME

Hattie Rogers Hildebrand

3. (b) Social Security Number

none4. Sex Female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband George H. Hildebrand6. (c) If alive, give age 80 years7. Birth date of deceased (mo., day, yr.) Feb. 21 1870

8. AGE: Years Months Days If less than one day

78 1 9 hrs. min.9. Birthplace Martinsburg, W. Va.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Benjamin Blane13. Birthplace Martinsburg W. Va.14. Maiden name Nellie Marshall15. Birthplace Martinsburg W. Va.16. Informant Mrs. Nellie RotherhoeferAddress Frederick Md.17. Burial Burial Date thereof April 1, 1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Doubs CemeteryLocation Rural Frederick Md.18. Funeral director Bladhill Co.Address Middletown, Md.19. 31 March 1948 Elizabeth G. Hech
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 30 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 2 1948, to March 30 1948and that I last saw him alive on March 29 1948Immediate cause of death Diabetes

DURATION

4 yrs. +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE B. Rotherhoefer M. D. or otherAddress Frederick, Md. Date signed 3/31/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Chairman, Sir.

Letter Report of H. H. H.

RECEIVED

APR 5 1948

BUREAU Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coroner's age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02776

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Adamstown-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Flint Hill
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Adamstown-Rural R. F. D. #1
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Flint Hill
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

KEEFER AUGUSTA HILL

3. (b) Social Security Number

None

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced W
 6. (b) Name of husband or wife Della Bowie
 7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age _____ years
 8. AGE: Years 49 ? Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Flint Hill-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business

FATHER 12. Name John W. Hill
 13. Birthplace Frederick County, Maryland
 MOTHER 14. Maiden name Cora A. Makol
 15. Birthplace Frederick County Maryland

16. Informant Mrs. John Overs
 Address R. F. D. #1, Adamstown, Md.

17. Burial Date thereof 3/10/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hope Hill Cemetery
 Location Near Urbana, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 9 March 1948 Elizabeth L. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1948 at 10:45 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17/10/48 to 19/10/48
 and that I last saw live on March 7 1948

Immediate cause of death Cocaine poisoning
 DURATION 1 hour

Due to _____
 Due to _____
 Other conditions _____

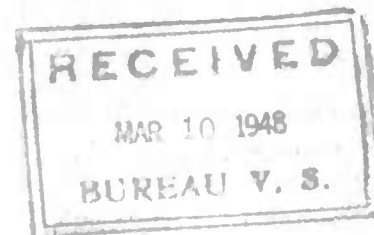
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work _____

23. SIGNATURE P. W. Bone M. D. or other Dr. J. H. Bone
 Address Frederick, Md Date signed 3.8.48



M

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

02777

24

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Braddock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Braddock

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (a) FULL NAME

MRS. EDNA IRENE MILLER HOFFMAN

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Leonard B. Hoffman

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 23, 1879

8. AGE: Years Months Days If less than one day

68610

hrs.

min.

9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name John Edward Miller13. Birthplace Frederick County, Maryland14. Maiden name Sara C. Pressler15. Birthplace Germantown, Ohio16. Informant Mrs. Clarence CovellAddress Nr. Laurel, Maryland17. Burial Date thereof March 6, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 5 March 1948 Elizabeth B. Heide

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th 1948 6:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 18 1948 to March 31 1948and that I last saw him alive on March 3d 1948

Immediate cause of death

Cerebral HemorrhageDue to ArteriosclerosisDue to Secundum

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank H. HednAddress Frederick MdDate signed March 1948

DURATION

4 days6 hrs1 hr

RECEIVED

MAR 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02778

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 38 hours
Hospital, institution, or street address where death occurred: Emergency Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick (If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D. #7 (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME
Roger Lee Jones

3. (b) Social Security Number
✓

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 28 - 1948
6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day
0 0 1 14 hrs. min.

9. Birthplace Frederick, Frederick County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Lester Jones

13. Birthplace Luray, Virginia

14. Maiden name Mellie Broyles

15. Birthplace Luray, Virginia

16. Informant Emergency Hosp. Records

Address Frederick, Maryland

17. Burial Date thereof March 30 - 1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Monte Carm

Location Frederick, R.F.D.

18. Funeral director Geo. M. Warkentin Supt

Address Monte Carm, Frederick Co. Md.

19. 30 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1948 at 11:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 28 1948 to March 30 1948
and that I last saw him alive on March 29 1948

Immediate cause of death Congenital Heart Lesion DURATION 1 1/2 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Antopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash, M.D.

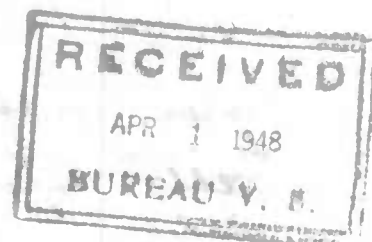
Address Frederick, Md Date signed 3/30/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

02779

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural Middletown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war no

3. (a) FULL NAME

Albert J. Keller

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Carrie V. Keller
 6.(c) If alive, give age 58 years
 7. Birth date of deceased (mo., day, yr.) July 28, 1889
 8. AGE: Years 58 Months 7 Days 22 If less than one day
 hrs. min.

9. Birthplace Middletown Frederick Co, Md.
 (Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER 12. Name Edgar B. Keller

13. Birthplace Myersville Md.

MOTHER 14. Maiden name Fannie Shank

15. Birthplace Middletown Md.

16. Informant Mrs. Carrie V. Keller

Address Middletown, Md.

17. Burial Date thereof Mar 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Reformed Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. March 24, 1948 Marie Gladhill
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1948 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 47 to Mar 20, 1948

and that I last saw him alive on March 20, 1948

Immediate cause of death

DURATION

Due to Cardio-Renal Disease 2 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide

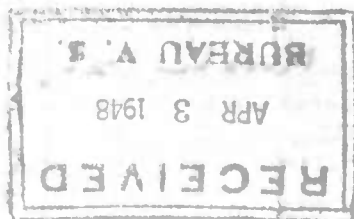
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. S. Harp MD M. D. or other

Address Middletown Date signed 3-22-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93d
CERTIFICATE OF DEATH

02780

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 Months
Hospital, institution, or street address where death occurred:
Near Charlesville
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No. Edgewood
(If rural, give LOCATION)
None
2.(a) If veteran, name war

3. (a) FULL NAME

MARTIN LUTHER KLINE

3. (b) Social Security Number

None

4. Sex M	5. Color or race W	6. (a) Single, married, widowed, or divorced W
--------------------	------------------------------	--

6. (b) Name of husband or wife Lillie Mayne
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) October 10, 1861
8. AGE: Years 86 Months 5 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)
10. Usual occupation Retired Farmer
11. Industry or business

FATHER 12. Name Daniel Kline
13. Birthplace Frederick County Maryland
MOTHER 14. Maiden name Sarah Jane Redmond
15. Birthplace Frederick County Maryland

16. Informant Mrs. Arthur F. Masser
Address R. F. D. #3, Frederick, Md.
17. Burial Date thereof 4/2/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rocky Springs Cemetery
Location Near Frederick, Maryland
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 2 April 1948 Elisabeth G. Heck
(Date rec'd by registrar) Registrar

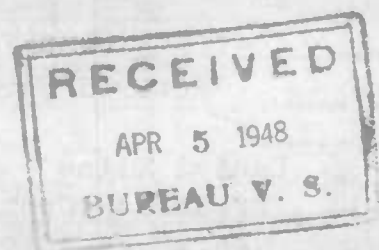
MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st, 1948 at 6:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st, 1948 to March 31st, 1948
and that I last saw him alive on March 28th, 1948
Immediate cause of death Cordic Embolism
Due to Hypertension
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide _____ Date of _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury _____ Injured at work? _____

23. SIGNATURE F. A. Hegde M. D.
Frederick, Maryland M. D. or other
Date signed 4/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

02781
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Several Years
 Hospital, institution, or street address where death occurred:
65 South Market Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 65 South Market Street
 (If rural, give LOCATION)
 2. (a) If veteran, name war None

3. (a) FULL NAME

PAUL EDWARD LEATHER

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife
 6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) October 22, 1939

8. AGE: Years 8 Months 5 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Westminster-Carroll-Maryland
 (Town, county, and state)

10. Usual occupation Student

11. Industry or business Public School

12. Name Paul T. Leather

13. Birthplace Carroll County Maryland

14. Maiden name Florence C. Bowers

15. Birthplace Philadelphia, Pennsylvania

16. Informant Mrs. Elmer T. Morningstar

Address 65 S. Market St., Frederick, Md.

17. Burial Date thereof 3/25/48
 (Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or crematory Mount Clivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 13 March 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23rd, 1948, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-22 1948, to 3-23 1948
 and that I last saw him alive on 3-23- 1948

Immediate cause of death Pneumonia DURATION 2 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE E. G. Baurne Jr. M. D.

Address Frederick, Maryland Date signed 3-25-48

RECEIVED

MAR 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 wks
 Hospital, institution, or street address where death occurred:
2 wks Fred. Memorial Hosp
 How long in hospital or institution? 2 wks

3. (a) FULL NAME

Caron Daniel
Leister

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Florence Dietz
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November 20, 1874

8. AGE:

Yrs

Months

Days

If less than one day

73

4

1

hrs.

min.

9. Birthplace

Carroll Co. Maryland
 (Town, county, and state)

10. Usual occupation

Miller

11. Industry or business

Own business

FATHER

12. Name

Caron Leister

13. Birthplace

Maryland

MOTHER

14. Maiden name

Sophia Louisa Leister

15. Birthplace

Maryland

16. Informant

Paul Leister

Address

Westminster, Md.

17.

Burial
 (Burial, cremation, or removal, with:)

Date thereof

March 24-1948
 (month) (day) (year)

Cemetery or crematory

Pleasant Valley Cemetery

Location

Pleasant Valley, Md.

18. Funeral director

C. D. Fused

Address

Taneytown, Md.

19.

21 March 1948
 (Date rec'd by registrar)

Elizabeth G. Heck
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Carroll

City or town

Rural - Westminster
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 21 1948 at 10¹⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 1 1948 to Mar 21 1948
 and that I last saw him alive on March 20 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. H. Hegg

M. D. or other

Address

Union Bridge

Date signed 3/21/48

RECEIVED

MAR 24 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

02783

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Urbana

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #2
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Urbana

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

CLAYTON CALVIN LENHART

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced—
M

6. (b) Name of husband or wife Effie Ellen White

7. Birth date of deceased (mo., day, yr.) February 24, 1880 8. (c) If alive, give age 69 years

8. AGE: Years 68 Months 0 Days 14 It less than one day
hrs.min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Lewis Lenhart
 13. Birthplace Frederick County Maryland

14. Maiden name Harriett Baker
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Effie Lenhart
 Address R. F. D. #2, Frederick, Md.

17. Burial Date thereof 3/11/48
 (Burial, cremation, or removal, WHICH) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director H. R. Etchison and Son
 Address Frederick, Maryland

19. 9 March 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8th, 1948, at 7:30A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 22d 1948 to March 8th 1948
 and that I last saw him alive on March 7th 1948

Immediate cause of death

Coronary Atherosclerosis DURATION 14

Due to

Hypertension 2-3 mm

Due to

Arterio Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

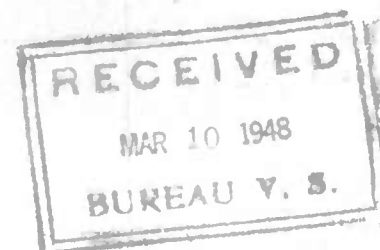
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. W. Hedger M. D. or other

Address Frederick, Maryland Date signed 3-8-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

02784

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Md (city)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 3/23/48 - 3/28/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County BulCity or town Burrhead
(If outside city or town limits, write RURAL and give nearest town)Street No. 303 Burrhead St
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lloyd M. Lester

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Anna Wiltz

7. Birth date of

deceased (mo., day, yr.)

Jan 23 1899

6. (c) If alive, give age

48 years

8. AGE:

Years 48 Months 2 Days 5 hrs. min.

9. Birthplace

Maryland
(Town, county and state)

10. Usual occupation

Clerk B. & O. R.R.

11. Industry or business

Transportation

12. Name

James Lloyd

13. Birthplace

Virginia

14. Maiden name

Lydia Lloyd

15. Birthplace

N.C.

16. Informant

Mrs Anna Lloyd

Address

Burrhead Md

17. (Burial, cremation, or removal)

Which? Park Heights Date of funeral Mar 31 1948
(month) (day) (year)

Cemetery or crematorium

Burrhead Md

Location

C. H. Fetter Bco

18. Funeral director

Burrhead Md

Address

29 March 1948

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 28 1948 at 10 A.

21. I CERTIFY that death occurred on the date above signed; that I attended deceased from

March 25 1948 to March 28 1948and that I last saw him alive on March 28 1948

Immediate cause of death

Acute Coronary Thrombosis

Due to

Arteriosclerosis

Due to

None

Other conditions

None
(Include pregnancy within 8 months of death)

Major findings of operations

None

Autopsy results

2
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

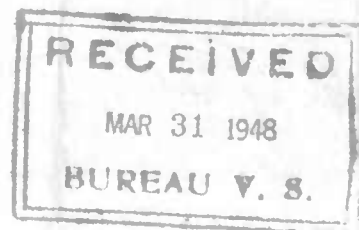
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE A. A. O'Quinn, M.D.Address Frederick, Md Date signed 3/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02785

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifetimeHospital, institution, or street address where death occurred:
Emergency HospitalHow long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 114 W. Patrick Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MARION C. LITTLE

3. (b) Social Security Number

None4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
Widowed6. (b) Name of husband or wife Sarah Louise Speaks7. Birth date of deceased (mo., day, yr.) May 10, ? 1982 8. (c) If alive, give age _____ years8. AGE: Years 65 ? Months ? Days ? If less than one day _____ hrs. _____ min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Retired Painter

11. Industry or business _____

12. Name Don't Know13. Birthplace Don't Know14. Maiden name Don't Know15. Birthplace Don't Know16. Informant Records Frederick Co. HomeAddress W. of Frederick, Md.17. Burial Date thereof March 26, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 25 March 1948 Elizabeth S. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22nd 19 48 at 9:30 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jan. 1 19 46 to March 22 19 48and that I last saw him alive on March 21 19 48Immediate cause of death Cerebral Hemorrhage DURATION 1 week

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hanna S. M. D. M. D. or otherAddress Frederick, Md. Date signed 3/23/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 29 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 972

02786

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12-14
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 12-17

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 1300 E. Md.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Mr. Levi P. Lucas

3. (b) Social Security Number

214-14-6869

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Mrs. Anna Mary Lucas
 6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) DECEMBER 22ND, 1887

8. AGE: Years 60 Months 2 Days 13 It less than one day hrs. min.

9. Birthplace SHEPHERDSTOWN, West Virginia
 (Town, county, and state)

10. Usual occupation Car Dealer

11. Industry or business

12. Name Mr. Allen Lucas

13. Birthplace SHEPHERDSTOWN W. VA

14. Maiden name MARTHA ANN PORTER

15. Birthplace SHARPSBURG, MD

16. Informant Mrs. L. P. Lucas

Address Box 420 Knoxville, Maryland

17. Burial, cremation, or other disposition Buried Date thereof March 8, 1948
 (month) (day) (year)

Cemetery or crematory St. Marks Parkville

Location Frederick, Md.

18. Funeral director James B. Bailey

Address Hagerstown, Md.

19. 5 March 19 48 Elizabeth S. Heik
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1948 at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4, 1948 to March 5, 1948 and that I last saw him alive on March 5, 1948

Immediate cause of death Acute coronary thrombosis

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

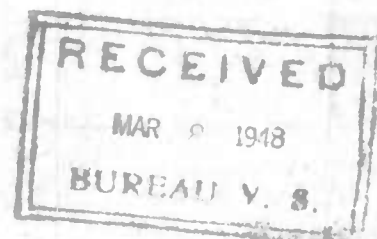
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M.D.

Address Frederick, Md. Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Knoxville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 35 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution? -

3. (a) FULL NAME

Lewis L. Lynn

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Eva R. Cooper

7. Birth date of deceased (mo., day, yr.)

April 28 1894

6. (c) If alive, give age..... years

8. AGE:

53112

If less than one day

hrs.

min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Plumber

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof April 3 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

April 2 1948
Katherine N. Brown
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MarylandCounty FrederickCity or town Knoxville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31 19 48 at MD

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 3-31-1948and that I last saw him alive on 19 48Immediate cause of death Renal heart failure

DURATION

Due to

Due to

Other conditions Chronic bronchitisasthma
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

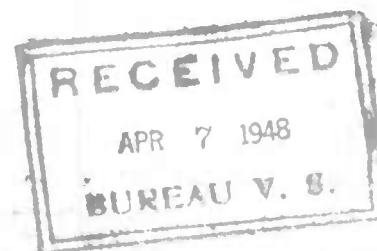
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Brownsville, Ind. Date signed 4-1-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death 5 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

4. Sex Female5. Color or race White6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife John C. Main7. Birth date of deceased (mo., day, yr.) June 2, 18748. AGE: Years 73 Months 9 Days 15 If less than one day

hrs. _____ min. _____

9. Birthplace W. Myersville, Frederick, Md.
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Own Home12. Name Enos Partridge13. Birthplace Maryland14. Maiden name Annie Wiseman15. Birthplace Maryland16. Informant John C. MainAddress Myersville, Md.17. Burial Date thereof Mar 20, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory St. Pauls LutheranLocation Myersville, Md.18. Funeral director Paul J. BittsAddress Myersville, Md.19. Mar. 20 1948 Registrar Edgar Bitts

(Data rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17, 1948 at 6:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1948 to Mar 17, 1948and that I last saw him alive on Mar 17, 1948

Immediate cause of death _____

DURATION

Due to Chronic valvular heart disease 2 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____. Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

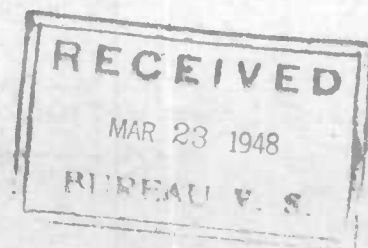
Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. S. Harp M.D.

M. D. or other

Address Myersville Date signed 3-19-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Live correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02789

Reg. Dist. No. 138

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Riggs College Sanatorium

How long in hospital or institution?

3 days

3. (a) FULL NAME

Julia Massie

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Unknown 1927

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

21

hrs.

min.

9. Birthplace

Chicago, Ill.

(Town, county, and state)

10. Usual occupation

Student

11. Industry or business

MOTHER FATHER

12. Name

Wilbur Massie

13. Birthplace

Virginia

14. Maiden name

Beulah Pierce

15. Birthplace

Virginia

16. Informant

Sanatorium Records

Address

Removal

17.

(Burial, cremation, or removal. Which?)

Date thereof

3/23/48

(month) (day) (year)

Cemetery or crematory

Location

Christiansburg, Va.

18. Funeral director

Address

M. R. Etchison & Son
Frederick, Maryland

19.

Mar. 23 1948

(Date rec'd by registrar)

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2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Virginia

County

Bedford

City or town

Bedford, Virginia

(If outside city or town limits, write RURAL and give nearest town)

Street No.

112 South Court House Road

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Mar. 23 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 21 1948 to Mar. 23 1948and that I last saw him alive on Mar. 23 1948

Immediate cause of death

Pulmonary edema

DURATION

1 hr.Due to Acute yellow fever10 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Wm. H. McRae

M. D. or other

Address

Frederick, Md.Date signed Mar. 23 1948

RECEIVED

APR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

02790

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
112 East 3rd St
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... 112 East 3rd St
 (If rural, give LOCATION)
 2(a) If veteran, name war... none

3. (a) FULL NAME

Mary Barr McCarley

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Walter F McCarley
(Dead)

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan 1 1871

8. AGE:

Years

Months

Days

If less than one day

7722

hrs.

min.

9. Birthplace

Winchester, Ind Co. Va
(Town, county, and state)

10. Usual occupation

house wife

11. Industry or business

MOTHER FATHER

12. Name

Newton Swartz

13. Birthplace

Frederick Co. Virginia

14. Maiden name

Rebecca Barr

15. Birthplace

Frederick Co. Virginia

16. Informant

Marshall McCarley

Address

112 E. 3rd St Frederick MD

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3/7/48
(month) (day) (year)

Cemetery or crematory

Mt. Hebron

Location

Winchester, Virginia

18. Funeral director

Harry E. Cash Co

Address

Frederick Md.

19. 5 March 1948

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 3 19 48 at 8:05 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 27 19 48 to Mar 3 19 48and that I last saw him alive on Mar 3 19 48

Immediate cause of death

Myocardial Hemorrhage

DURATION

7 days

Due to

Arterio Sclerosis2 yrs +

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Thomas

M. D. or other

Address

Frederick, Md

Date signed

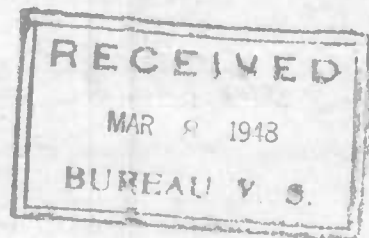
3/7/48

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of birth date
shown on:

FILM No. G 114 MAR 22 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02791

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick
City or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 weeks
Hospital, institution, or street address where death occurred:
Montevue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town rural Hyattstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war none

3. (a) FULL NAME

John Pitt McElfresh

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced single
6.(b) Name of husband or wife _____
7. Birth date of deceased (mo., day, yr.) July 7, 1948 1863 6.(c) If alive, give age _____ years
8. AGE: Years 84 Months 8 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Nr. Hyattstown, Frederick, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Edmund W. McElfresh
13. Birthplace Frederick, Co.,

14. Maiden name Mary H. McElfresh
15. Birthplace Frederick, Co.

16. Informant Mrs. Charles Smith
Address Adamstown, Md. R. D.

17. Burial Date thereof 3/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory McElfresh Cemetery
Location Nr. Hyattstown, Md.

18. Funeral director W. L. Burdette
Address Hyattstown, Md.

19. 16 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15th, 1948, at 6:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 21 1948 to March 15 1948
and that I last saw him alive on March 14 1948

Immediate cause of death

Carcinoma stomach

DURATION

6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Hennrich, M.D.

Address Frederick, Md. Date signed 3/16/48

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9407

02792

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 Years
 Hospital, institution, or street address where death occurred:
Ballenger Creek Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick-Rural R. F. D. #4
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Ballenger Creek Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war... None

3. (a) FULL NAME

NELLIE IDELL MICHAEL

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single married, widowed, or divorced M
 6. (b) Name of husband or ~~wife~~ William O. Michael
 6. (c) If alive, give age 81 years
 7. Birth date of deceased (mo., day, yr.) November 12, 1891
 8. AGE: Years 56 Months 3 Days 23 It less than one day
 hrs. min.

9. Birthplace... Monrovia-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation House-wife
 11. Industry or business

12. Name John S. Umberger
 13. Birthplace Montgomery County Maryland
 14. Maiden name Sarah Shipley
 15. Birthplace Montgomery County Maryland

16. Informant William O. Michael
 Address R. F. D. #4, Frederick, Md.

17. Burial Date thereof 3/7/48
 (Burial, cremation, or ~~some other~~ Which? (month) (day) (year)
 Cemetery or ~~crematory~~ Mount Olivet Cemetery
 Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 16 March 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th, 1948 at 12-Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 4th 1948 to March 6th 1948
 and that I last saw him alive on March 5th 1948

Immediate cause of death

Coronary Arteriosclerosis
Arterio Sclerosis
 DURATION 44 yrs
67 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedger M. D. or otherAddress Frederick, Maryland Date signed 3-6-48

RECEIVED

MAR 8 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02793

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Dickerson-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 26 Years

Hospital, institution, or street address where death occurred:

Strong Hold

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Dickerson-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)Street No. Strong Hold

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MARTHA ELLEN MILES

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M6. (b) Name of husband C. Alton Miles7. Birth date of deceased (mo., day, yr.) August 6, 18726. (c) If alive, give age 70 years

8. AGE:

Years 75Months 7Days 5

If less than one day

hrs.

min.

9. Birthplace Barnesville-Montgomery-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Levi E. Cooley13. Birthplace Montgomery County Maryland14. Maiden name Caroline Thomas15. Birthplace Frederick County Maryland16. Informant C. Alton MilesAddress Dickerson, Md. R. F. D. #117. Burial Date thereof 3/13/48
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 March 1948 Elizabeth S. Hersh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11, 19 48, at 4 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1947 to March 10 1948
and that I last saw her alive on March 10 1948

Immediate cause of death

Congestive heartDue to 3.6.69
MyocarditisDue to Generalized Arterio
Sclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. H. Odams M.D.
Poolesville, Md Address Date signed 3/12/48

DURATION

6 mo.

RECEIVED

MAR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95K

02794

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 18 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 13 Hamilton Avenue
 (If rural, give LOCATION)
 2. (a) If veteran, name war... None

3. (a) FULL NAME

LILLIAN CATHERINE MISS

3. (b) Social Security Number

217-18-7746

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Ira V. Miss
 6. (c) If alive, give age 50 years
 7. Birth date of deceased (mo., day, yr.) August 2, 1907
 8. AGE: Years 40 Months 7 Days 29 If less than one day
 hrs. min.

9. Birthplace... Frederick County, Maryland
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business

12. Name Charles C. Burdette
 13. Birthplace Frederick County, Maryland
 14. Maiden name Bertha Sulcer
 15. Birthplace Frederick County, Maryland

16. Informant Mr. Ira V. Miss
 Address 13 Hamilton Ave., Frederick, Md.
 17. Burial Date thereof April 3, 1948
 (Burial, cremation, or removal of body) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C.E. Cline & Son
 Address Frederick, Maryland

19. 1-April 19. 48 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31st 19. 48 at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947 to March 31, 48
 and that I last saw her alive on March 31, 48

Immediate cause of death Coronary Thrombosis DURATION 10 days
Chronic Rheumatic
Heart Disease

Due to Chronic Rheumatic
 Due to Heart Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D. M. D. or otherAddress Frederick, Md Date signed 4-1-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02795

Reg. Dist. No. 147

1. PLACE OF DEATH:

County Fredrick Co.City or town Mt. Airy Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Mt. Airy
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

Eleanor Rebecca Mollisworth

3. (b) Social Security Number

none

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

John Raymond Mollisworth

7. Birth date of

deceased (mo., day, yr.)

Oct. 23, 1919

6. (c) If alive, give age _____ years

30

8. AGE:

Years

28

Months

5

Days

8

If less than one day

_____ hrs. _____ min.

9. Birthplace

Montgomery Co Md
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Home

FATHER

12. Name

Bates E Wetherin

13. Birthplace

Camden Md

MOTHER

14. Maiden name

Rebecca Wetherin

15. Birthplace

Frederickville Md

16. Informant

John Raymond Mollisworth

Address

Mt Airy Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

April 3, 1948
(month) (day) (year)

Cemetery or crematory

Worthington Methodist

Location

Close Middlebury

18. Funeral director

Roy W Barber

Address

Frederickville Md

19. Date rec'd by registrar

April 2, 1948Blair A. Rumble

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 31, 1948 at 10:55 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15, 1947 to March 31, 1948and that I last saw him/her alive on March 31, 1948

Immediate cause of death

Pulmonary edema

DURATION

3 hrs

Due to

Cerebral Metastasis1 wk?

Due to

Carcinoma of rt breast

Other conditions

General Carcinoma -tosis4 mo.

(Include pregnancy within 3 months of death)

Major findings of operations

Carcinoma of rt breast
with metastasisDate of op. Nov. 25, 47

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of _____

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

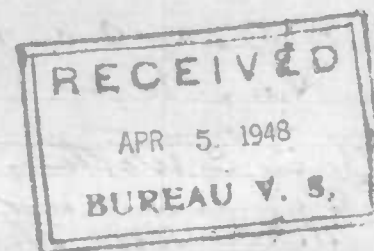
23. SIGNATURE

Isabel E. Grall

M. D. or other

Address

Mount Airy, Md.Date signed 4/1/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73

02796

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

113 4th Ave.

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Golda E. Arnett

7. Birth date of deceased (mo., day, yr.)

Feb. 17 1883

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

65112

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

B. OPR Engineer (retired)

11. Industry or business

Transportation

FATHER

12. Name

J. H. Morsbarger

13. Birthplace

Maryland

14. Maiden name

Mollie Baldwin

15. Birthplace

Maryland

16. Informant

Mrs. Golda E. Morsbarger

Address

Brunswick Md

17. Burial, cremation, or removal, which?

BurialDate thereof April 1 1948
(month) (day) (year)

Cemetery or crematory

Butt Height

Location

Brunswick Md

18. Funeral director

C. H. Futer & Bus

Address

Brunswick Md19. Mar 31 19 48

(Date rec'd by registrar)

Kathryn H. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 4th Ave

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 19 48 at 6:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 29 19 48 to March 29 19 48and that I last saw him alive on March 29 19 48

Immediate cause of death

Acute Congestive Heart Failure

DURATION

1 weekDue to Chronic Emphysema10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

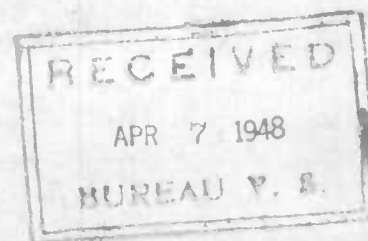
23. SIGNATURE

H. B. Carpenter

M. D. or other

Address Lowetown Va Date signed 3/31/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02797

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 9/11/47
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 9/11/47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Baltimore
City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 533 Patapsco Ave.
(If rural, give LOCATION)
2. (a) If veteran, name war ✓

3. (a) FULL NAME

John Murr

3. (b) Social Security Number

216-10-3822

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife

6. (c) If alive, give age. years

7. Birth date of deceased (mo., day, yr.) August 18, 1900

8. AGE: Years 47 Months 6 Days 20 If less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name Joseph Murr

13. Birthplace Baltimore, Maryland

14. Maiden name Anna Schmidt

15. Birthplace Germany

16. Informant Deceased

Address

17. Burial Date thereof 3/14/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery xxxxx Holy Cross

Location Ritchie Highway, Baltimore, Md.

18. Funeral director Edward Toulson

Address 2359 Wash. Blvd., Baltimore, Md.

19. 3/9 48 Registrar JD

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1948 10:10AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 11 1947 to March 9 1948 and that I last saw him alive on March 9 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 15 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. G. Saccin M. D. xxxx

Address State Sanatorium, Md. Date signed 3/9/48

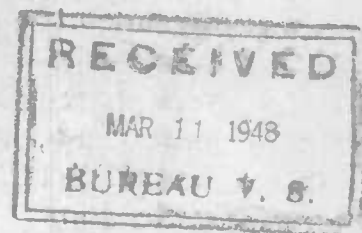
Address

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

02798

Reg. Diat. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 15 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarrollCity or town Glenn Bridge
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Miss Julia Peters

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

October 2 - 1863

8. AGE:

Years

Months

Days

If less than one day

8454

hrs.

min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

FATHER

12. Name

Lewis Peters

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Blessing

15. Birthplace

Maryland

16. Informant

Address

Hospital RecordsFrederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 9, 1948
(month) (day) (year)

Cemetery or crematory

W. Kemmer - Maryland

Location

C. O. Guss, son

18. Funeral director

Address

Taneytown, Md.

19. Date rec'd by registrar

6 March 1948Elizabeth H. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3. 6 19 48 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

en route 19 3. 6 19 48

Immediate cause of death

Fracture 7 ribs
stroke

DURATION

2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. _____

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 2.20.48Where did injury occur? Glenn Bridge, Carroll Co., Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Home

Means of injury

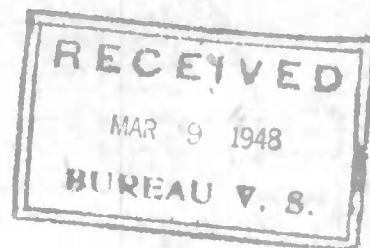
fall

Injured at work?

No

23. SIGNATURE

Robert Deputy Med. Ex.Address Frederick, Md. Date signed 3.6.48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02799

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County FrederickCity or town New Midway
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 1/2

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FrederickCity or town New Midway
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Jesse Isaac Permer

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1889 6. (c) If alive, give age _____ years8. AGE: Years 59 Months 1 Days 19 If less than one day _____ hrs. _____ min.9. Birthplace New Midway, Md.
(Town, county, and state)10. Usual occupation Owner and operator11. Industry or business of a Garage12. Name Francis E. Permer13. Birthplace Md.14. Maiden name Quanda Harshman15. Birthplace Myersville, Md.16. Informant Jason E. PermerAddress New Midway, Md.17. Burial Date thereof Mar. 28, 1948
(Burial, cremation, or removal? Which?) (month) (day) (year)Cemetery or crematory BrethrenLocation Rocky Ridge, Md.18. Funeral director Rebelle HartzlerAddress 2 Woodsboro, Md.19. March 27, 1948 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23 1948, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 23 1948, to Mar. 23 1948and that I last saw him alive on Mar. 11 1948

Immediate cause of death _____

Heart disease -Coronary occlusion

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE James H. Gray M.D.Address Thurmont, Md. M. D. or other _____Date signed 3/26/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1948

BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County.....Frederick
City or town.....Rural - Myersville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....56 yrs
Hospital, institution, or street address where death occurred:.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State.....Maryland County.....Frederick
City or town.....Rural - Myersville
(If outside city or town limits, write RURAL and give nearest town)
Street No.Ellenton
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Mary Ellen Routzahn

3. (b) Social Security Number

4. Sex.....Female 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Married
6.(b) Name of husband or wife.....Jacob L. Routzahn
7. Birth date of deceased (mo., day, yr.).....April 5, 1867 6.(c) If alive, give age.....83 years
8. AGE: Years.....80 Months.....11 Days.....4 If less than one day.....hrs.min.

9. Birthplace.....Ed Wolfersville - Fredco. Md
(Town, county, and state)

10. Usual occupation.....Domestic

11. Industry or business.....Own Home

12. Name.....Samuel Brandenburg

13. Birthplace.....Md.

14. Maiden name.....Julia Ann Kesseling

15. Birthplace.....Md.

16. Informant.....Jacob L. Routzahn

Address.....Myersville, Md.

17. Date thereof.....3-12-1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory.....United Brethren

Location.....Myersville, Md.

18. Funeral director.....Paul J. Bitts

Address.....Myersville, Md.

19. Date rec'd by registrar.....Mar 15, 48 Registrar.....Paul J. Bitts

MEDICAL CERTIFICATION

20. DATE OF DEATH.....Mar 9 1948 at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 9 1948 to Mar 9 1948 and that I last saw her alive on Mar 9 1948

Immediate cause of death.....

Coronary Occlusion

Due to.....(Sudden)

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Antopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur?.....Home
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury..... Injured at work?

23. SIGNATURE.....J E Harp M. D. or other.....MD

Address.....Myersville Date signed.....3-11-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 15 1948

BUKEAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02801

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg, R. D. #3
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Emmitsburg, Md. R. D. #3
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Oliver Irvin Sheeley

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Olley Amma Sheeley
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) March 20, 1871
 8. AGE: Years 76 Months 11 Days 13 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick county, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business

FATHER 12. Name Bausher Sheeley
 13. Birthplace Maryland
 MOTHER 14. Maiden name Martha Wagner
 15. Birthplace Adams County, Penna.

16. Informant Walter S. Sheeley
 Address Emmitsburg, Md. R. D. # 3

17. Burial Burial Date thereof March 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mt. View Cemetery
 Location Emmitsburg, Maryland

18. Funeral director A. L. Allison
 Address Emmitsburg, Maryland

19. March 5, 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 3 1948 at 6 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1940 to March 3, 1948
 and that I last saw him alive on March 2, 1948

Immediate cause of death Cardiac Arrhythmia DURATION 6 mo
Cardiovascular Arteriosclerosis

Due to Arteriosclerosis Arteriosclerosis
 Due to Cardiovascular Arteriosclerosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. R. Cagle M. D. or otherAddress Emmitsburg, Md. Date signed 3-4-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

84 E. 1st St.
March 5
only - [unclear]
Chas. [unclear]
[unclear]

RECEIVED

APR 1 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02802

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FredenburgCity or town Fredenburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 65 years - 2m - 29dHospital, institution, or street address where death occurred:
120 East Pat. St.How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredenburgCity or town Fredenburg
(If outside city or town limits, write RURAL and give nearest town)Street No. 120 East Patrick St.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Mrs. Grace Price Smith

3. (b) Social Security Number

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife Donald R Smith
(dead) 6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Dec. 18 18828. AGE: Years 65 Months 2 Days 29 If less than one day hrs. min.9. Birthplace Fredenburg, Fredenburg, Md
(Town, county, and state)10. Usual occupation none11. Industry or business 12. Name John E. Price13. Birthplace Waynesboro, Pa14. Maiden name Mary Ordeman15. Birthplace Baltimore, Md16. Informant Mrs. Marie EmmertAddress 120 E. Pat. St. Fredenburg Md17. Burial Date thereof 3/19/48
(Burial, cremation, or removal, when?) (month) (day) (year)Cemetery or crematory Mt OlivetLocation Fredenburg, Md18. Funeral director Harry E. Canty CoAddress Fredenburg, Md.19. 17 March 1948 Elizabeth L. Heisk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1948 at 7:45 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17 1948 to March 17 1948 and that I last saw him alive on March 17 1948Immediate cause of death Chronic myocarditis DURATION 20 yrs.Due to Chronic myocarditis 67 yrs.Due to Bronchial Asthma 18 yrs.Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE B. O. Harrison M. D. or other Address Fredenburg, Md Date signed 3/17/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

Reg. Dist. No. 151

Address. 1. redwood, 119 Date signed. 5.2.74

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181

02804

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Unknown
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 Week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Rural - Mt. Pleasant
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
World War I
2(a) If veteran, name war...

3. (a) FULL NAME

WILLIAM STONE

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced
6. (b) Name of husband or wife Martha Beard
7. Birth date of deceased (mo., day, yr.) January 26, 1894
6. (c) If alive, give age 52 years
8. AGE: Years 54 Months 1 Days 5 It less than one day
..... hrs. min.

9. Birthplace Renssler, Indiana
(Town, county, and state)
10. Usual occupation Cook
11. Industry or business
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. William Stone
Address Nr. Mt. Pleasant, Md.
17. Burial Date thereof March 6, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)
Cemetery or crematory Washington National Cemetery
Location Washington, D. C.
18. Funeral director C. E. Cline & Son
Address Frederick, Maryland
19. 5 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2nd 19 48 at 1:50 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
..... to
and that I last saw him alive on March 2 19 48
Immediate cause of death Pneumonia & renal
degenerations &
hypertension
Due to deceased threw coal oil in lighted
stone which ignited and caught
Due to his clothing on fire [4/27/48 aka]

DURATION

7 days

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 3-2-48
Where did injury occur? Mt. Pleasant, Frederick, Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) home
Means of injury Injured at work?

23. SIGNATURE P. W. Barr Deputy Med
M. D. or other
Address Frederick, Md. Date signed 3-3-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

02805

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 17 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Boyd's, Md (Rural)
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William L Stottlemeyer

3. (b) Social Security Number

None

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Viola Stottlemeyer

7. Birth date of

deceased (mo., day, yr.)

July 22 - 1874

6.(c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

73721

hrs.

min.

9. Birthplace

Frederick Co. Md
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

William Stottlemeyer

13. Birthplace

Md

MOTHER

14. Maiden name

Mahala Schaffer

15. Birthplace

Md

16. Informant

Ralph Stottlemeyer

Address

Boyd's RFD, Md

17.

(Burial, cremation, or removal, which?)

Date thereof

3/15/48
(month) (day) (year)

Cemetery or crematory

Monocacy

Location

Boonville, Md

18. Funeral director

William B Hilton

Address

Barnesville, Md

19.

(Date rec'd by registrar)

13 March 1948Elizabeth G. Hark

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1948, at 7¹⁰ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

February 25, 1948, to March 13, 1948and that I last saw him alive on March 12, 1948

Immediate cause of death

Bleeding Pt. Leg

DURATION

3 weeks

Due to

Due to

Arteriosclerosis

Other conditions

ArteriosclerosisHeart Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Connell, M.D.

M. D. or other

Address

Federal, Md

Date signed

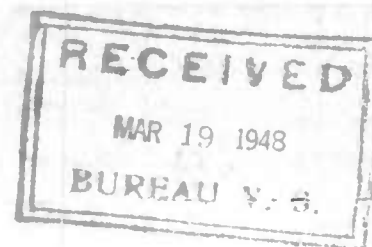
MARGIN RESERVED FOR BINDING

I

9-45-15M

VS-ATB

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02806

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Frederick
 City or town New London
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 17 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town New London
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. RD - Mt. Airy
 (If rural, give LOCATION)

2.(a) If veteran, same war

3. (a) FULL NAME

Arrie Virginia Stultz

3. (b) Social Security Number

4. Sex

Female

5. Color of race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Thomas O. Stultz

7. Birth date of deceased (mo., day, yr.)

April 30, 1860

6. (c) If alive, give age

71 years

8. AGE:

Years

Months

Days

If less than one day

87101

hrs.

min.

9. Birthplace

Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

George W. Smith

13. Birthplace

Maryland

MOTHER

14. Maiden name

Mary Jane Burnie

15. Birthplace

Maryland

16. Informant

Mr. Thomas O. Stultz

Address

R.D. Mt. Airy, Md.

17.

(Burial, cremation, or removal, which)

Date thereof

3-3-1948
(month) (day) (year)

Cemetery or crematory

Central

Location

Central, Frederick Co. Md.

18. Funeral director

G. M. Watts

Address

Winfield, Md.

19.

(Date rec'd by registrar)

Mar. 21948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 1 1948 at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 10 1947 to March 1 1948
and that I last saw him alive on Feb. 28 1948

Immediate cause of death

Coronary Occlusion

Due to

Arteria Sclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ernest R. Roop, M.D.

M. D. or other

Address

New Market, Md.Date signed Mar 2, 1948

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

APR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... FrederickCity or town... Rural-Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 9 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... FrederickCity or town... Rural-Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war... None

3. (a) FULL NAME

JESSE ROY SWOMLEY

3. (b) Social Security Number

None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
<u>Male</u>	<u>White</u>	<u>Single</u>

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1882

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>11</u>	<u>2</u> hrs. min.

9. Birthplace... Frederick, Maryland
(Town, county, and state)10. Usual occupation... Farm Employee

11. Industry or business

12. Name... Mahlon J. Swomley13. Birthplace... Frederick County, Maryland14. Maiden name... Clara Burall15. Birthplace... Frederick County, Maryland16. Informant... Mr. Harry C. SwomleyAddress... Ijamsville, Maryland17. Burial Date thereof... March 11, 1948
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory... Central CemeteryLocation... Nr. New London, Maryland18. Funeral director... C. E. Cline & SonAddress... Frederick, Maryland19. 12 March 19 48 Elizabeth G. Heide
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 12th 19 48 at 6:00 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 19 48 to March 12 19 48 and that I last saw him alive on March 11 19 48Immediate cause of death... Myocardial Infarction - Ischemic Heart Disease
Due to... (Complete Heart Block)

DURATION

1 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... Bernard Thomas, M.D.

M. D. or other

Address... Frederick, MD Date signed... 3/12/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 838

02808

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
326 East Patrick Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 326 East Patrick Street
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war

3. (a) FULL NAME

MRS. GEORGIANNA THOMPSON

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced
Widowed
 6.(b) Name of husband or wife Bernard Thompson
 6.(c) If alive, give age years
 7. Birth date of deceased (mo., day, yr.) October 17, 1862
 8. AGE: Years Months Days If less than one day
85 4 28 hrs. min.

9. Birthplace Frederick County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Housewife
 11. Industry or business

12. Name John F. Phillips
 13. Birthplace Germany
 14. Maiden name Margaret Haupt
 15. Birthplace Germany

16. Informant Mrs. Charles Shaw
 Address 326 E. Patrick St., Frederick, Md.
 17. Burial Date thereof March 18, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 17 March 1948 Elizabeth H. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16th 19 48 at 8:35 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1948 to Dec 16 1948and that I last saw him alive on Dec 15 1948Immediate cause of death Cerebral thrombosis DURATION 3 1/2 hrsDue to 1 hr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Heart Injured at work?23. SIGNATURE Elizabeth H. Heck M. D. or otherAddress Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 19 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02899

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Yellow Springs - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 253 West 5th Street
 (If rural, give LOCATION)
 None
 2.(a) If veteran, name war

3. (a) FULL NAME

EDWARD FRANCIS TUCKER JR.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Margaret E. Hane
 6. (c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) September 3, 1870
 8. AGE: Years 77 Months 5 Days 27 It less than one day
 hrs. min.

9. Birthplace Frederick County, Maryland
 (Town, county, and state)
 10. Usual occupation Ground Lineman
 11. Industry or business Potomac Edison Company
 12. Name Edward F. Tucker
 13. Birthplace Frederick County, Maryland
 14. Maiden name Sara E. Mull
 15. Birthplace Loudoun County, Virginia

16. Informant Mrs. Edward F. Tucker, Jr.
 Address 253 W. 5th St., Frederick, Md.

17. Burial March 3, 1948
 (Burial, cremation, or removal Which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
 Location Frederick, Maryland
 18. Funeral director C. E. Cline & Son
 Address Frederick, Maryland

19. 2 March 19 48 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 19 48 at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 and that I saw him alive on March 1 19 48

Immediate cause of death coronary occlusion
 DURATION 7 hrs.

Due to
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

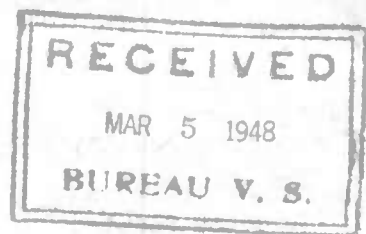
Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE P. W. CAER M. D. or other
 Address Frederick Date signed March 3, 1948



A. C. N. Davis

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02810

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
 City or town State Sanatorium, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 11/21/41
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 11/21/41

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County _____
 City or town Baltimore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 410 W. Mulberry St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

John N. Vassos

3. (b) Social Security Number

216-09-8373

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife _____
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Dec. 12, 1904
 8. AGE: Years 43 Months 3 Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Greece
 (Town, county, and state)
 10. Usual occupation Waiter
 11. Industry or business _____
 12. Name Nestor Vassos
 13. Birthplace Greece
 14. Maiden name Sofia Rondos
 15. Birthplace Greece
 16. Informant Deceased

Address _____
 17. Burial Date thereof Mar. 31, 1948
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Greek Cemetery
 Location Woodlawn, Md.
 18. Funeral director Nick Lambros, Inc.
 Address 440 E. North Ave. Baltimore, Md.
 19. March 29 1948
 (Date rec'd by registrar) Registrar [Signature]

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 29 1948 at 2:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
November 21 1941 to March 29 1948
 and that I last saw him alive on March 29 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 83 Mos.

Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

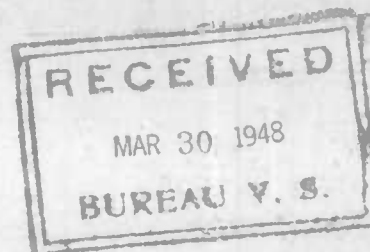
22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE R. G. Green M. D. [Signature]
 Address State Sanatorium, Md. Date signed 3/29/48

MARGIN RESERVED FOR BINDING

VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02811

Reg. Dist. No.

138

1. PLACE OF DEATH:

County FredrickCity or town Henriestown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs.

Hospital, institution, or street address where death occurred:

Home - alone address (Rural)

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County MontgomeryCity or town Henriestown
(If outside city or town limits, write RURAL and give nearest town)Street No. Home - alone address
(If rural, give LOCATION) (Rural)

2.(a) If veteran, name war

3. (a) FULL NAME

WILLIAM THOMAS WATKINS

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Jessie Wagner Watkins

7. Birth date of deceased (mo., day, yr.)

May 22 1879

6. (c) If alive, give age

60 years

8. AGE:

Years

Months

Days

If less than one day

68102

hrs.

min.

9. Birthplace

Henriestown Fredk. Maryland
(Town, county, and state)

10. Usual occupation

Salesman

11. Industry or business

MOTHER FATHER

12. Name

John L. Watkins

13. Birthplace

Maryland

14. Maiden name

Margaret Flood

15. Birthplace

Maryland

16. Informant

Mrs. William Watkins

Address

Monrovia, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof March 25, 1948
(month) (day) (year)

Cemetery or crematory

Henriestown Methodist

Location

Henriestown, Maryland

18. Funeral director

J. B. Beall, Inc.

Address

Damascus, Maryland

19.

March 24 1948
(Date rec'd by registrar)Raymond E. [Signature]
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 23 March 19 48 at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 19 47 to March 19 48and that I last saw him alive on 22 March 19 48Immediate cause of death Myocarditis

DURATION

5 yrs.

Due to

Arteriosclerotic heart disease10 yrs.

Due to

Other conditions

Myocardial infarction15 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carl Randolph

M. D. or other

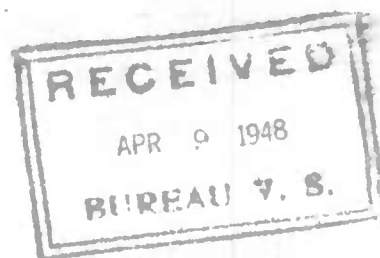
Address Damascus Md. Date signed 24 Mar 48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02812

Reg. Dist. No. 131

1. PLACE OF DEATH:
County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
Now long in hospital or institution? Several hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 243 Center Street
(If rural, give LOCATION)
None
2.(a) If veteran, name war...

3. (a) FULL NAME
MRS. ROSA O. WELTY

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Sourren L. Welty, Sr.

7. Birth date of deceased (mo., day, yr.) January 16, 1878 6. (c) If alive, give age 72 years

8. AGE: Years 70 Months 1 Days 14 If less than one day hrs. min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James I. Mullican

13. Birthplace Frederick County, Maryland

MOTHER 14. Maiden name Victoria Lare

15. Birthplace Frederick County, Maryland

16. Informant Miss Catherine Welty

Address 243 Center St., Frederick, Md.

17. Burial Date thereof March 4, 1948
(Burial, cremation, or removal; which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 2 March 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1st 19 48 at 10:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 20 19 48 to Mar 1 19 48 and that I last saw him alive on Mar 1 19 48

Immediate cause of death
Chronic suppurative
Chronic suppurative
Chronic suppurative
refinitis
DUE TO
DUE TO

DURATION
2
2
2

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Elizabeth G. Heck M. D. or other
Address Frederick, Md. Date Mar 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92d

02813

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
 City or town Sabillasville - rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Fredrick
 City or town Sabillasville - rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Clara Alice Herking

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

John O. Herking

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

May 3, 1862

8. AGE:

Years

Months

Days

It less than one day

85109

hrs.

min.

9. Birthplace

Sabillasville, Fredk Co., Md.
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

John Herking

13. Birthplace

Farmville, Md.

MOTHER

14. Maiden name

Mary Ridgeway

15. Birthplace

Farmville, Md.

16. Informant

Mr. John O. Herking

Address

Sabillasville, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 25, 1948
(month) (day) (year)

Cemetery or crematory

Mt. Mansak

Location

Farmville, Md.

18. Funeral director

M. L. Cragger & Son

Address

Thurmont, Md.

19.

Mar. 23, 1948
(Date rec'd by registrar)

19

Blanche S. Eyles
Onita Wolfe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 22, 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15, 1947, to Mar. 22, 1948
and that I last saw her alive on Feb. 23, 1948

Immediate cause of death

Heart disease, valvular with myocardial degeneration

DURATION

3 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James H. GrayM. D.
M. D. or other

Address

Thurmont, Md.Date signed 3/23/48

RECEIVED

MAR 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Life correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 930

CERTIFICATE OF DEATH

02815

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick
 City or town... Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick
 City or town... Rural- Urbana
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
NONE
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lillie May Heims Wilcom

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced
Married
 6. (b) Name of husband or Lawrence R. Wilcom
 6. (c) If alive, give age 47 years
 7. Birth date of deceased (mo., day, yr.) November 2-1906
 8. AGE: Years 41 Months 4 Days 7 It less than one day
hrs. min.

9. Birthplace... Frederick County Maryland
 (Town, county, and state)
 10. Usual occupation... Housewife
 11. Industry or business... Home

FATHER 12. Name... Charles E. Heims
 13. Birthplace... Frederick County Maryland
 MOTHER 14. Maiden name... Stella Castle
 15. Birthplace... Frederick County Maryland

16. Informant... Lawrence R. Wilcom- Husband
 Address... Urbana- Maryland

17. Burial Date thereof... March 12-1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or cemetery Mount Olivet Cemetery
 Location... Frederick, Maryland

16. Funeral director... C.E. Cline and Son
 Address... Frederick, Maryland

19. 11 March 1948 Elizabeth B. Hersh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 9th 1948 at 11:30p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 1942 to Mar 9 1948
 and that I last saw him alive on Mar 9 1948

Immediate cause of death... Cerebral Hemorrhage DURATION 4 hrs.

Due to... hypertension
chronic myocarditis

Other conditions...
 (Include pregnancy within 3 months of death)

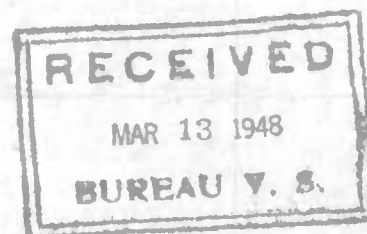
Major findings of operations... Date of op.

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE... Elizabeth B. Hersh D. or other
 Address... Frederick Md Date signed... Mar 11 48



Mr. H. S. Kline

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 838

02814

CERTIFICATE OF DEATH

Reg. Diat. No. 144

1. PLACE OF DEATH:

County... Frederick
City or town... Thurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?... 11 Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?...

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No... 308 East Main
(If rural, give LOCATION)
2.(a) If veteran, name war...

3. (a) FULL NAME

Manzella E. Williard.

3. (b) Social Security Number

None

4. Sex... Female 5. Color or race... White 6.(a) Single, married, widowed, or divorced... Widowed
6.(b) Name of husband or wife... Charles H. A. Williard
6.(c) If alive, give age... years
7. Birth date of deceased (mo., day, yr.)... August 9, 1866

8. AGE: Years... 81 Months... 7 Days... 10 If less than one day... hrs. min.

9. Birthplace... Sabillasville, Fred'k Co., Md
(Town, county, and state)

10. Usual occupation... Housework

11. Industry or business

12. Name... John McClain
13. Birthplace... Sabillasville, Md.

14. Maiden name... Elizabeth Wertenbaker.
15. Birthplace... Sabillasville, Md.

16. Informant... Mrs. John M. Weddle
Address... Thurmont, Md.

17. Burial... Mar. 22, 1948
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
Cemetery or crematory... Blue Ridge Cemetery
Location... Thurmont, Md.

18. Funeral director... M. L. Creager & Son
Address... Thurmont, Md.

19. Mar. 22, 1948 Blanchie S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 19, 1948 at 10. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 19, 1948 to Mar. 19, 1948 and that I last saw him alive on Mar. 19, 1948

Immediate cause of death... Cerebral thrombosis DURATION... 1 day
Due to... Cerebral arteriosclerosis DURATION... 2 yrs.

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide... Date of...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

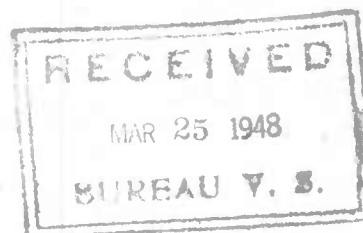
23. SIGNATURE... John K. Gray M. D. or other... MD
Address... Thurmont Md. Date signed... 3/22/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02816

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 90 years

Hospital, institution, or street address where death occurred:

238 East Pat. St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 238 East Pat. St

(If rural, give LOCATION)

2.(a) If veteran, name war none

3. (a) FULL NAME

Amelia Magdalena Wisner

3. (b) Social Security Number

none4. Sex female5. Color or race white6. (a) Single married, widowed, or divorced widowed6. (b) Name of husband or wife John Wisner(dead)

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 7 18578. AGE: Years 90 Months 4 Days 5 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Frederick Md
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Philip School13. Birthplace Germany14. Maiden name Katherine15. Birthplace Germany18. Informant John BoyelAddress E Pat St. Frederick Md17. Burial Date thereof 3/13/48
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick Md18. Funeral director Harry E. Cant. CoAddress Frederick Md19. 12 March 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1948 at 7:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6 1948 to March 10 1948 and that I last saw him alive on March 10 1948Immediate cause of death Wesssed - ChronicParenchymatous hepatitisDue to Cerebral thrombosisDue to 4 days

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. B. HumesAddress Frederick MdDate signed 3/14/48

RECEIVED

MAR 17 1948

BUREAU V. S.